



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Memorial MRI & Diagnostic

Respondent Name

Standard Fire Insurance Co

MFDR Tracking Number

M4-14-0549-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

October 15, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I received a denial for date of service 06/20/2013. This bill was denied for NDC not otherwise classified or unlisted procedure code. I have added the valid NCD#00409663734 to the procedure code J3490. Please review this bill and all information and process this claim for payment."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier asserts that it has paid according to applicable fee guidelines and challenges whether the disputed charges are consistent with applicable fee guidelines. "

Response Submitted by: Flahive, Ogden & Latson, PO Drawer 201329. Austin, TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 20, 2013	99499, 94760, 77003, J3490	\$650.00	\$5.50

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 97 – The benefit for this service is included in the payment/allowance for another service/pro edure that has already been adjudicated.
 - 150 – Payer deems the information submitted does not support this level of service.
 - 189 – Not otherwise classified or unlisted procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure

Issues

1. Did the requestor support position that additional payment is due?
2. Is the requestor entitled to reimbursement?

Findings

1. This dispute relates to professional medical services performed in an office setting with reimbursement subject to the provisions of 28 Texas Administrative Code §134.203, which requires that the reimbursement calculation used for establishing the maximum allowable reimbursement (MAR). The services in dispute will be calculated as follows.
 - Procedure code 99499, service date June 20, 2013, has a status indicator of C, which denotes services for which payment amounts are established on an individual case basis upon review of documentation. CMS does not determine a price or relative value for these services. If reimbursement is justified, these services are paid at a fair and reasonable rate. This code is not assigned a relative value or payment amount. Per §134.203(f), reimbursement is provided in accordance with 28 Texas Administrative Code §134.1 regarding fair and reasonable reimbursement. The insurance carrier allowed \$0.00. Review of the submitted information finds insufficient documentation to support a different reimbursement amount from the amount determined by the carrier, therefore no additional payment is recommended.
 - Procedure code 94760, service date June 20, 2013, has a status indicator of T, which denotes injections. These are conditionally bundled services. These services are only paid if no other services payable under the Physician Fee Schedule are billed on the same date by the same provider. If any other services payable under the PFS are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made. represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0. The practice expense (PE) RVU of 0.09 multiplied by the PE GPCI of 1.002 is 0.09018. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.09941 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$5.50.
 - Procedure code 77003, service date June 20, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.6 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.6054. The practice expense (PE) RVU of 2.18 multiplied by the PE GPCI of 1.002 is 2.18436. The malpractice RVU of 0.04 multiplied by the malpractice GPCI of 0.923 is 0.03692. The sum of 2.82668 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$156.32.
 - Procedure code J3490, service date June 20, 2013, has a status indicator of E, which denotes codes that are excluded from the Physician Fee Schedule by regulation. CMS does not determine a price or relative value for these services. If reimbursement is justified, these services are paid at a fair and reasonable rate. This code is not assigned a relative value or payment amount. Per §134.203(f), reimbursement is provided in accordance with 28 Texas Administrative Code §134.1 regarding fair and reasonable reimbursement. The insurance carrier allowed \$0.00. Review of the submitted information finds insufficient documentation to support a different reimbursement amount from the amount determined by the carrier, therefore no additional payment is recommended.
2. The total allowable reimbursement for the services in dispute is \$161.82. This amount less the amount previously paid by the insurance carrier of \$156.32 leaves an amount due to the requestor of \$5.50. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$5.50.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$5.50 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 31, 2014
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.